


ELECTRONIC INFORMATION DISCLOSURE STATEMENT

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Title of Invention	CALL TRANSFER FOR AN INTEGRATED WIRELINE AND WIRELESS SERVICE USING A TEMPORARY DIRECTORY NUMBER						
Application Number :	10/693539						
Confirmation Number:	2302						
First Named Applicant:	Dany Sylvain						
Attorney Docket Number:	7000-271A						
Art Unit:	2688						
Examiner:	Wesley Leo Kim						
Search string:	(6411802 or 6941156 or 6987988).pn						
 US Patent Documents							
Note: Applicant is not required to submit a paper copy of cited US Patent Documents							
init	Cite.No.	Patent No.	Date	Patentee	Kind	Class	Subclass
/WK/	1	6411802	2002-06-25	Cardina et al.	B1	455	404
/WK/	2	6941156	2005-09-06	Mooney	B2	455	553.1
/WK/	3	6987988	2006-01-17	Uchiyama	B2	455	557
 Remarks							
Note: Remarks are not for responding to an office action.							
The undersigned certifies that no item of information cited herein was cited in a communication from a foreign patent office in a counterpart foreign application. To the knowledge of the undersigned after making reasonable inquiry, no item of information contained in this statement was known to any individual designated in 37 C.F.R. 1.56(c) more than three months prior to the filing of this statement. Thus, pursuant to 37 C.F.R. 1.97(c)(2), no fee should be required. Our Deposit Account is 50-1732.							
 Signature							
Examiner Name				Date			
/Wesley Kim/				05/14/2007			

SIRDEV MIS INTRANET

Day : Thursday
Date: 10-May-
2007
Time: 07:44

APPEAL CENTER RETURN

Application Number: 10693539
Examiner: WESLEY, KIM

Date: 10-May-2007
GAU: 2617

Appeal Document(s) that caused this Return -- Please check at least one Document type:

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|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Examiner's Answer | <input type="checkbox"/> Amendments not entered/considered |
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| <input checked="" type="checkbox"/> IDS | <input type="checkbox"/> Artifacts |
| <input type="checkbox"/> Translation of foreign references needed | <input type="checkbox"/> Other |

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IDS dated 03/20/06 needs to be considered, initial, sign & date--- Tracey x21644

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